

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100
 TDD (916) 322-1700
 TELEPHONE (916) 322-3350
 www.rn.ca.gov

**APPLICATION FOR RN LICENSURE BY ENDORSEMENT**

FOR OFFICE USE ONLY

1. READ ALL DETAILED INSTRUCTIONS.
2. To be eligible for endorsement, you must have passed the NCLEX-RN, SBTPE or acceptable five-part Canadian examination (see detailed instructions)
3. Submit the APPROPRIATE FEE. (See the Endorsement fee schedule).
Please submit a check or money order in US currency only.
DO NOT SEND CASH
4. Attach a recent 2" x 2" passport type photograph where indicated on the back of this application.
5. Submit two (2) completed fingerprint cards.
6. Submit Verification of License form to your State Board (of current licensure) and Request for Transcript form to your school of nursing. If educated outside the USA, a VERIFICATION OF LICENSE form must also be sent to the board where the examination was taken.

FP Cards Recd: 0 1 2 By _____
 FP Fee Recd: Y N By _____
 Trans Recd _____ Apprvd _____ By _____
 Verif Recd _____ Apprvd _____ By _____
 Photo Recd _____ Apprvd _____ By _____
 School Code: CA _____

Print or Type:

1. NAME: Last First Middle			Previous Names (Including Maiden):		
2. ADDRESS OF RECORD: Number and Street			3. BIRTHDATE:		
City State Zip Code			Month Day Year		
4. SOCIAL SECURITY NUMBER (Mandatory):			7. MOTHER'S MAIDEN NAME:		
5. TELEPHONE NUMBER: Home Work		6. PRIMARY LANGUAGE:		10. ORIGINAL STATE OF RN LICENSURE:	
8. COLOR OF EYES:		9. HEIGHT: FT: IN:		State: Year Issued:	
11. EDUCATION Year graduated high school or passed GED:			12. CURRENT LICENSE TO PRACTICE REGISTERED NURSING: State or country		
NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:			License No. Exp Date		
LOCATION: City State (Country)			13. NAME OF STATE IN US OR COUNTRY WHERE YOU WERE LICENSED BY EXAMINATION:		
14. TYPE OF PROGRAM: ENTRANCE GRADUATION			15. LIST ALL STATES WHERE YOU HAVE EVER HELD AN RN LICENSE:		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DATE DATE ADN DIP BSN MSN					

16. Have you ever...

YES NO

- a. been issued a license as an RN in California?

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If yes, **STOP**. Do not continue. Please contact the Board regarding the renewal or reinstatement of your California RN license.

- b. taken the RN licensing examination while applying for licensure in California?

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If yes, Year _____

Full name at time of application: _____

- c. applied for a license as an RN in California?

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If yes, Year _____

Full name at time of application: _____

- d. been denied RN or any other health-care related licensure in any state/territory?

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If yes, State _____ Month _____ Year _____ Type of License _____

- e. been licensed as an LVN or any health-care related license/certificate in California?

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If yes, Month _____ Year _____ License Type _____ License # _____

- f. had disciplinary proceedings against any license as an RN or any health-care related license including revocation, suspension, probation, voluntary surrender, or any other proceeding?

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If yes, please provide a detailed written explanation, including the date and state where the discipline occurred.

- g. been convicted of **any** offense other than minor traffic violations. If yes, explain fully as

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described in the applicant instructions. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4 or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported.

The definition of conviction includes convictions following a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty.

YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California

Note: Tape a recent 2" X 2" identification photograph.

Please tape on all four sides.

SIGNATURE OF APPLICANT: _____

DATE: _____